

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **13288**

FILED APR 20 1953		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 5122		Registrar's No. 105	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rocky Fork				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural R 6				d. STREET ADDRESS (If rural, give location) 1618 Amelia St.			
3. NAME OF DECEASED (Type or Print)		a. (First) CHARLES		b. (Middle) THOMAS		c. (Last) YOUNG	
4. DATE OF DEATH		Month April Day 11 , Year 1953					
5. SEX: Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 4, 1914		9. AGE (In years last birthday) 39	10. UNDER 1 YEAR Months Days
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman for Southwest		11b. KIND OF BUSINESS OR INDUSTRY ern Hearing Aid Co		11. BIRTHPLACE (City and State or Foreign Country) Des Moines, Iowa.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Ethron Thomas Young		13b. MOTHER'S MAIDEN NAME Esta Divilbliss		14. NAME OF HUSBAND OR WIFE Marian Elizabeth White			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 413-50-7939		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Chas. Thos. Young, Columbia, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon Monoxide Poisoning ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 hour	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm road		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) Rocky Fork Boone Mo			
21d. TIME OF INJURY 4 11 53 a.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? None from exhaust pipe into car			
22. I hereby certify that I attended the deceased from: 4/11/53 , 19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at: 4 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE: Henry H. Smith Jr. D. Coroner		(Degree or title)		23b. ADDRESS: 909 University Ave Columbia		23c. DATE SIGNED: 4/13/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 4-15-53		24c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory		24d. LOCATION (City, town, or county) (State): St. Louis, Missouri.	
DATE REC'D BY LOCAL REG. April 14 1953		REGISTRAR'S SIGNATURE: Mrs. R.E. Palmer		FUNERAL DIRECTOR'S SIGNATURE: Parsons Funeral Service, Columbia, Mo		ADDRESS	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
No. 48

APR 20 1953

APR 21 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer, No. 4056

P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.